SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Dave Shaver P.O. Box 910</li> </ul>	A Signature  X Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  1 23 10  D. Is delivery address different from item 1? If YES, enter delivery address below:  Incomin  C06 100 +1  # 3595
East Carbon, UT 84520-0910	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 2260 0002 0247 7860	

Domestic Return Receipt

102595-02-M-1540

(Transfer from service label)

PS Form 3811, February 2004